

9w03-582

**Boston Public Health Commission
Model Policy Prohibiting Smoking**

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[NAME OF BUSINESS/ENTITY]

Policy and Procedure

Subject: Smoke-free Workplace Policy

Date: [insert date policy is promulgated]

I. PURPOSE

It is recognized that smoking is dangerous to the health of the smoker and that involuntary smoking is a cause of disease, including lung cancer, in healthy nonsmokers. The simple separation of smokers and nonsmokers within the same air space may reduce, but does not eliminate, the exposure of nonsmokers to environmental tobacco smoke. This applies to **all** smoking tobacco products, i.e., cigarettes, cigars, and pipes. This policy has been developed to protect all persons from the exposure to environmental tobacco smoke and to ensure a safe working environment.

II. POLICY


Smoking is prohibited in all facilities and areas of the entire workplace with no exceptions. Smoking is not permitted anywhere at [INSERT NAME OF BUSINESS/ENTITY], including all common work areas, elevators, hallways, company vehicles, restrooms, cafeterias, employee lounges, conference and meeting rooms, and all other enclosed or outdoor areas in the workplace. The policy applies to all employees, clients, consultants, contractors, and visitors.

III. PROCEDURE

- A. Compliance with the smoke-free policy is mandatory for all employees and persons visiting [INSERT NAME OF BUSINESS/ENTITY].
- B. Any disputes involving smoking will be referred to your immediate supervisor.
- C. Employees who violate this policy are subject to disciplinary action up to and including termination.
- D. No person or employer shall discharge, refuse to hire, refuse to serve, or in any manner retaliate against any employee, applicant or customer because such employee, applicant or customer takes any action in furtherance of the enforcement of this regulation or exercises any right conferred by this regulation.

IV. SMOKING CESSATION OPPORTUNITIES

[INSERT NAME OF BUSINESS/ENTITY] encourages all smoking employees to quit smoking. The [INSERT NAME OF BUSINESS/ENTITY] is available to provide you with contact information for Smoking Cessation resources and self-help materials for those employees who want to quit. For further information about these services please contact (Insert appropriate party/department).



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V. QUESTIONS

Any questions regarding the smoke-free workplace policy should be directed to (Insert appropriate party/department and phone number handling inquiries).

